

THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSIONF
EEB

MCS

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| PART I LOBBYIST | | | |
|---|---------|------------|--------------|
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| TARNAS | DAVID | ANTHONY | 808 987 5810 |
| MAILING ADDRESS (Street) | | | FAX |
| PO Box 6882 | | | 808 885-6474 |
| (City) | (State) | (Zip Code) | |
| Kamuela | HI | 96743 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| MCS International | | | 808 987 5810 |
| MAILING ADDRESS (Street) | | | FAX |
| PO Box 6882 | | | 808 885 6474 |
| (City) | (State) | (Zip Code) | |
| Kamuela | HI | 96743 | |

| PART II ORGANIZATION | | | |
|--|---------|------------|--------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
| Earl E. Bakken | | | 808 325 3127 |
| MAILING ADDRESS (Street) | | | FAX |
| PO Box 384360 | | | 808 325 0928 |
| (City) | (State) | (Zip Code) | |
| Waikoloa | HI | 96738 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| David Tarnas | | | 808 987 5810 |
| MAILING ADDRESS (Street) | | | FAX |
| PO Box 6882 | | | 808 885 6474 |
| (City) | (State) | (Zip Code) | |
| Kamuela | HI | 96743 | |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

| | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

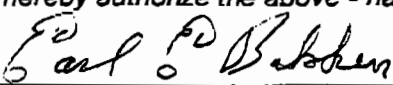


(Signature of Lobbyist)

1-28-05

(Date)

PART V AUTHORIZATION TO LOBBY

| | | | |
|--|---------|--|--|
| NAME | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | |
| Earle E. Bakken | | | |
| NAME OF ORGANIZATION (if applicable) | | TELEPHONE | |
| | | 808-325-3127 | |
| MAILING ADDRESS (Street) | | FAX | |
| PO Box 384360 | | 808-325-0928 | |
| (City) | (State) | (Zip Code) | |
| Waikoloa | HI | 96738 | |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. | | | |
|  | | 1-28-05 | |
| (Signature of Authorizing Officer or Person Represented) | | (Date) | |